FILING DATE **CLAIMS** APPLICANT(S) CLAIMS AFTER AFTER **AS FILED** 1st AMENDMENT 2nd AMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IN: TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL. DEP. TOTAL

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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